## Case 13-10228 Doc 14 Filed 04/01/13 Page 1 of 7

B22C (Official Form 22C) (Chapter 13) (12/10)

David Lee Williams, Jr. In re Ruby Lee Williams	According to the calculations required by this statement:  The applicable commitment period is 3 years.
Debtors	The applicable commitment period is 5 years.
Case Number: 13-10228	Disposable income is determined under § 1325(b)(3).
(If known)	Disposable income is not determined under § 1325(b)(3).
	(Check the boxes as directed in Lines 17 and 23 of this statement.)

## AMENDED - CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME							
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.  a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.  b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.							
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.					Column A Debtor's Income	Column B Spouse's Income	
2	Gross wages, salary, tips, bonuses, overtime, con	nmissio	ns.			\$	0.00	\$ 1,213.00
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as							
	Cross receipts	\$	Debtor <b>0.00</b>		0.00			
	a. Gross receipts b. Ordinary and necessary business expenses	\$	0.00		0.00			
	c. Business income		act Line b from		0.00	\$	0.00	\$ 0.00
4	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.  Debtor Spouse  a. Gross receipts \$ 0.00 \$ 0.00  b. Ordinary and necessary operating expenses \$ 0.00 \$ 0.00							
	c. Rent and other real property income	Subtra	act Line b from	Line a		\$	0.00	\$ 0.00
5	Interest, dividends, and royalties.					\$	0.00	\$ 0.00
6	Pension and retirement income.					\$	0.00	\$ 0.00
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.  NOTE: Debtors' 28-year-old daughter, her fiance', & debtors' 45-year-old sister-in-law contribute approximately \$1,000.00 per month for the household expenses, not in a set amount, not on a regular basis.			\$	0.00	\$ 0.00		
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:							
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor	r \$	<b>0.00</b> Spo	ouse \$	0.00	\$	0.00	\$ 0.00

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.					
	Debtor Spouse					
	b. \$ \$ \$	0.00	\$ 0.00			
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	0.00	\$ 1,213.00			
11	<b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		1,213.00			
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD					
12	Enter the amount from Line 11	\$	1,213.00			
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spotenter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor of debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustme on a separate page. If the conditions for entering this adjustment do not apply, enter zero.  a. \$ b. \$ \$	or r the				
	[c.   \$					
	Total and enter on Line 13	\$	0.00			
14	Subtract Line 13 from Line 12 and enter the result.					
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.					
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: NC b. Enter debtor's household size: 2					
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed.  ☐ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment top of page 1 of this statement and continue with this statement.  ☐ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commat the top of page 1 of this statement and continue with this statement.					
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOM	E				
18	Enter the amount from Line 11.	\$	1,213.00			
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.  a. \$ b. \$ c. \$ \$ C. \$					
	Total and enter on Line 19.	\$	0.00			
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$				
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 a	ınd	14,556.00			
	enter the result.					

B22C (Official Form 22C) (Chapter 13) (12/10)

22	Applic	able median family incom	ne. Enter the amount from	m Lin	e 16.			\$	50,762.00
	Applic	ation of § 1325(b)(3). Che	ck the applicable box ar	nd pro	ceed as	directed.		1	
23	The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determine 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.						nined un	ider §	
	The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is n 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Pa								
	•	Part IV. C	ALCULATION (	)F I	EDU	CTIONS FR	OM INCOME		
		Subpart A: D	eductions under Star	ndar	ds of th	ne Internal Reve	nue Service (IRS)		
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous.  Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$			
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.								
	Person	ns under 65 years of age		Pers	ons 65	years of age or old	ler		
	a1.	Allowance per person		a2.	Allow	ance per person			
	b1.	Number of persons		b2.	Numb	er of persons			
	c1.	Subtotal		c2.	Subtot	al		\$	
25A	Utilitie availab the nur	Standards: housing and uses Standards; non-mortgage le at www.usdoj.gov/ust/onber that would currently build	expenses for the application from the clerk of the been allowed as exemption	able c ankru	ounty a	nd family size. (Thurt). The applicable	nis information is e family size consists of	\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.								
	a. IRS Housing and Utilities Standards; mortgage/rent expense \$								
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47								
		Net mortgage/rental expens			•	Subtract Line b fr		\$	
26	25B do Standar	Standards: housing and uses not accurately compute rds, enter any additional antion in the space below:	the allowance to which	you a	re entitl	ed under the IRS H	Iousing and Utilities		
								\$	

	<b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.						
27A	Check the number of vehicles for which you pay the operating expensincluded as a contribution to your household expenses in Line 7.						
	If you checked 0, enter on Line 27A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>	\$					
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)						
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)						
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Little result in Line 28. <b>Do not enter an amount less than zero.</b>	court); enter in Line b the total of the Average					
	a. IRS Transportation Standards, Ownership Costs	\$					
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47	\$					
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$				
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.						
	a. IRS Transportation Standards, Ownership Costs	\$					
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	\$					
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$				
30	Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as insecurity taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$				
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions for employment are required for your employment, such as mandatory uniform costs.	retirement contributions, union dues, and	\$				
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$				
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to						
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter						
35	Other Victorian Engage Park and the last of the last o						
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.						

Г	Ī		T		
37	Other Necessary Expenses: telecommunication service actually pay for telecommunication services other than you pagers, call waiting, caller id, special long distance, or into welfare or that of your dependents. Do not include any a	\$			
38	Total Expenses Allowed under IRS Standards. Enter t	the total of Lines 24 through 37.	\$		
	Subpart B: Addition	nal Living Expense Deductions			
	-	enses that you have listed in Lines 24-37			
	Health Insurance, Disability Insurance, and Health Sa the categories set out in lines a-c below that are reasonable dependents.				
39	a. Health Insurance	\$			
	b. Disability Insurance	\$			
	c. Health Savings Account	\$			
	Total and enter on Line 39		\$		
	If you do not actually expend this total amount, state y below:	our actual total average monthly expenditures in the space			
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.				
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.				
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.				
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable				
46	Total Additional Expense Deductions under § 707(b).	Enter the total of Lines 39 through 45.	\$		
<b></b>					

			<b>Subpart C: Deductions for De</b>	bt P	ayment		
47	own, check scheo case,	list the name of creditor, identic whether the payment includes duled as contractually due to ea	s. For each of your debts that is secured fy the property securing the debt, state t taxes or insurance. The Average Month ch Secured Creditor in the 60 months for additional entries on a separate page.	he Av ıly Pa llowi	verage Monthly syment is the to ng the filing of	Payment, and tal of all amounts the bankruptcy	
	Name of Creditor  Property Securing the Debt  Average  Monthly include taxes Payment  or insurance						
	a.			\$ To	tal: Add Lines	yes no	\$
48	moto your paym sums	r vehicle, or other property nec deduction 1/60th of any amoun tents listed in Line 47, in order in default that must be paid in	• If any of debts listed in Line 47 are se essary for your support or the support of it (the "cure amount") that you must pay to maintain possession of the property. order to avoid repossession or foreclosus additional entries on a separate page.	cured f your the c The c	I by your prima dependents, y reditor in addit ure amount wo	ou may include in ion to the uld include any	
		Name of Creditor	Property Securing the Debt			the Cure Amount	
	a.				\$	Total: Add Lines	\$
49	<b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as						\$
	Chap result	oter 13 administrative expense ting administrative expense.	es. Multiply the amount in Line a by the	amoı	unt in Line b, a	nd enter the	
50	a. Projected average monthly Chapter 13 plan payment.  b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)						
	c.	Average monthly administra	ative expense of chapter 13 case	Tot	al: Multiply Li	nes a and b	\$
51	Tota	Deductions for Debt Paymer	<b>at.</b> Enter the total of Lines 47 through 5	0.			\$
			Subpart D: Total Deductions f	rom	Income		
52	Tota	l of all deductions from incom	e. Enter the total of Lines 38, 46, and 5	1.			\$
		Part V. DETERM	INATION OF DISPOSABLE I	NC	OME UNDI	ER § 1325(b)(2)	
53	53 <b>Total current monthly income.</b> Enter the amount from Line 20.					\$	
Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.					\$		
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).					\$	
56	Tota	l of all deductions allowed un	der § 707(b)(2). Enter the amount from	Line	52.		\$

	Deduction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circum. If necessary, list additional entries on a separate page. Total provide your case trustee with documentation of these exof the special circumstances that make such expense necessary.	mstances and the resulting expenses in lines a-c below. the expenses and enter the total in Line 57. You must expenses and you must provide a detailed explanation			
57	Nature of special circumstances	Nature of special circumstances Amount of Expense			
	a.	\$			
	b.	\$			
	c.	\$			
		Total: Add Lines	\$		
50	Total adjustments to determine disposable income. Add t	the amounts on Lines 54, 55, 56, and 57 and enter the			
58	result.	the amounts on Emes 34, 33, 36, and 37 and enter the	\$		
59	Monthly Disposable Income Under § 1325(b)(2). Subtract	et Line 58 from Line 53 and enter the result.	\$		
	Part VI. ADDITION	NAL EXPENSE CLAIMS			
60	Other Expenses. List and describe any monthly expenses, nof you and your family and that you contend should be an ac 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a each item. Total the expenses.    Expense Description   a.   b.   c.   d.     Total: Add Li	dditional deduction from your current monthly income u	ınder §		
	Part VII.	VERIFICATION			
61	I declare under penalty of perjury that the information provide must sign.)  Date: April 1, 2013	ded in this statement is true and correct. (If this is a join Signature:    Signature:   Is/ David Lee Williams, Jr.     David Lee Williams, Jr.     (Debtor)			
	Date: <b>April 1, 2013</b>	Signature /s/ Ruby Lee Williams Ruby Lee Williams			

(Joint Debtor, if any)